

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 OCT 15 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0417
Date:	10-20-15
Amount Paid:	\$75
Refund:	10-20-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Back Matheson Mailing Address: 66530 Bay Road Ashland WI 54806 Telephone: _____

Address of Property: 24760 FR 245 City/State/Zip: Ashland WI 54806 Cell Phone: 715-292-1641

Contractor: So/F Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: SE SE 324 R6T48 Legal Description: (Use Tax Statement) 04-00024806244400000000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) Volume 1127 Page(s) 382

SE 1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Lot Size _____ Acreage 40

Section 24, Township 48 N, Range 6 W Town of: Bark Lake

Shoreland Non-shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes--continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes--continue No

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 5500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Back House	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cond. Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
			<input checked="" type="checkbox"/> SEPTIC		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 12 Width: 24 Height: 8

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u>12</u> X <u>24</u>)	<u>288</u>
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/> Accessory Building (specify)	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
	Rec'd for issuance <input checked="" type="checkbox"/>	Special Use: (explain) _____	() X ()
	OCT 26 2015 <input type="checkbox"/>	Conditional Use: (explain) _____	() X ()
		Other: (explain) _____	() X ()

SECRETARIAL STAFF
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 an (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

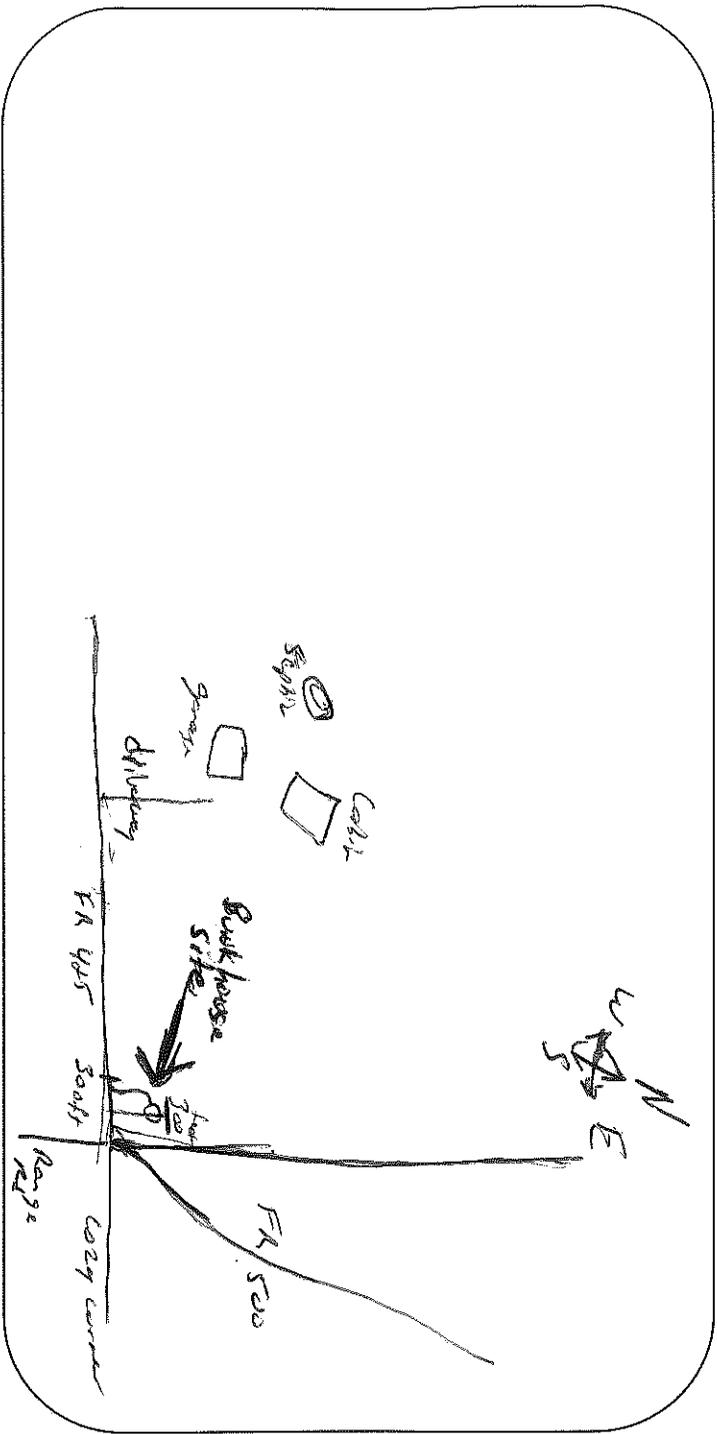
Owner(s): Back Matheson Date 10/14/2015
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

in the box below. Draw or sketch your property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (**) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
- (6) Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
- (7) Show any (*): (**) Wetlands; or (**) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	34 ft +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1/4 mile Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	200 with class Feet
Setback to Drain Field	Feet	Setback to Privy (Portable, Composting)	Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-0419	Permit Date: 10-20-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:	Inspected by: Franky			
Date of Inspection: 10-22-15	Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Zoning District ()			
No water under pressure.	Lakes Classification ()			
No Sanitary with out Approval Plans.	Date of Approval: 10-26-15			
Signature of Inspector: Franky	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>